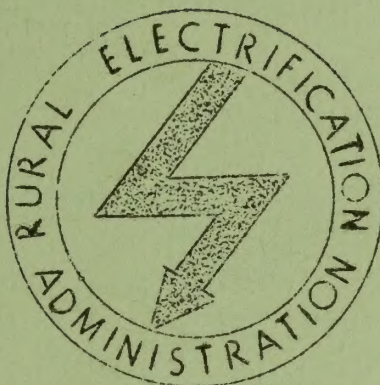


IN 72



INSURANCE PACKET

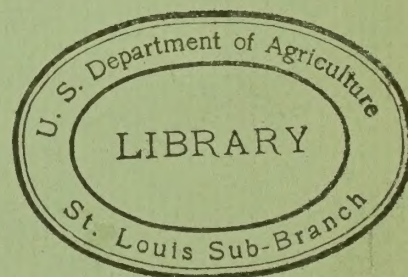
FOR NEW PROJECTS

IMPORTANT

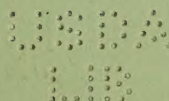
INSTRUCTIONS FOR OBTAINING
PREALLOTMENT INSURANCE

This packet is to be used with form EX. 13 in the setting up of a new project.

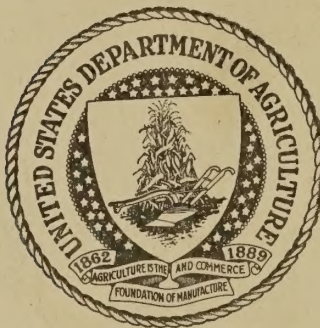
It is suggested that this packet be filed in a loose leaf binder so corrections for rate changes, etc. may easily be added as they occur.



ISSUED BY:
RURAL ELECTRIFICATION ADMINISTRATION
WASHINGTON, D. C.



UNITED STATES
DEPARTMENT OF AGRICULTURE
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PREALLOTMENT INSURANCE

Certain insurance is required during the Preallotment Period after incorporation. To protect the cooperative and the persons engaged in its development, REA requires that insurance be taken out immediately after incorporation.

In order that the required insurance may be obtained expeditiously and without any immediate payment REA in behalf of prospective borrowers has made special arrangements with associations representing many stock and mutual insurance companies. Two methods of purchasing this insurance are available, as fully described in the Insurance Instructions, Form FI-114.

If you wish to purchase the insurance through local companies or their representatives send in Form FI-112 at the end of this packet. Do not order any insurance until approval of your proposed arrangement is received from REA. If you wish to have REA obtain these arrangements for you, send Form FI-113 and specify therein whether you prefer a mutual or a stock company. Your risks will be covered at once and policies sent to you immediately.

SPECIAL NOTE

To avoid delay in allotment send in Form FI-112 or Form FI-113 with your incorporation papers.

INSTRUCTIONS FOR BORROWERS AND FORMS FOR PROCURING INSURANCE
REQUIRED IMMEDIATELY AFTER INCORPORATION (See Page 4, Preallot-
ment Procedure).

1. Why Preallotment Insurance Arrangements are Very Important

For the protection of your association, its employees, and the public, it is essential that your insurance be carried by sound companies which cooperate with REA in developing suitable and economical insurance for REA borrowers.

Insurance companies and policy forms previously selected will almost always continue after allotment if your application for a loan is granted. It is expensive to change companies and the initial arrangements will continue during construction and operation unless unsatisfactory service or unusual circumstances dictate otherwise.

2. Why REA Approves Your Insurance Program

If your application for a loan is granted the loan contract with REA will provide that the Administrator shall approve a program of insurance deemed adequate to protect your interests and safeguard the loan.

As the insurance selected now will continue it is important that we advise you now as to desirable types and limits of insurance advantageous policy forms, rates and arrangements made by REA in behalf of all borrowers. The aggregate insurance of borrowers justifies concessions hereinafter described, usually not available to borrowers acting individually.

3. How Preallotment Insurance Is Put Into Effect

Two methods are available, as follows:

a. Insurance Ordered by the Borrower Locally From Companies Approved by REA.

It is important that any reputable insurance company or agent desired by the Borrower have the opportunity to compete for its business even though the company may not be included in the group of companies which have already arranged with the REA to furnish borrowers much more favorable insurance arrangements than have heretofore been available.

It is probably that other companies you wish to consider, or their local representatives, will offer the procedure desired herein which has been approved by the various insurance associations and rating bureaus concerned.

INSTRUCTIONS FOR SUBMITTING THE POLICY TO THE INSURANCE
COMPANY AND THE POLICY TO THE INSURANCE COMPANY

1. How to Submit the Policy to the Insurance Company

For the submission of the policy to the insurance company, the policy must be submitted to the insurance company in a form which is acceptable to the insurance company. The policy must be submitted to the insurance company in a form which is acceptable to the insurance company.

Insurance companies and policy holders must understand that the policy is not a contract until it is approved by the insurance company. It is important to understand that the policy is not a contract until it is approved by the insurance company. It is important to understand that the policy is not a contract until it is approved by the insurance company.

2. How to Submit the Policy to the Insurance Company

If your application for a loan is approved by the insurance company, you must submit the policy to the insurance company. The policy must be submitted to the insurance company in a form which is acceptable to the insurance company.

As the insurance company is not a contract until it is approved by the insurance company, you must submit the policy to the insurance company. The policy must be submitted to the insurance company in a form which is acceptable to the insurance company. The policy must be submitted to the insurance company in a form which is acceptable to the insurance company.

3. How to Submit the Policy to the Insurance Company

Two methods are available, as follows:

a. Insurance Ordered by the Borrower Directly from Insurance Company

It is important that any reputable insurance company or agent desired by the borrower have the opportunity to compete for the business even though the company may not be included in the group of companies which have already arranged with the HSA to furnish borrowers with some form of insurance arrangements. Some have reported that

It is probably that other companies will be considered, of which local representatives will be the procedure desired which has been approved by the various insurance associations and rating bureaus.

If you wish to purchase insurance locally procure an approximate cost estimate from the insurance companies you prefer, execute Form No. FI-112 and send it in with your incorporation papers. The Board of Directors of the cooperative (not the sponsors) should authorize the method of purchase desired by resolution. A revised form of minutes for the incorporation meeting is now in preparation and will, when issued, include such resolutions.

Please note from Paragraph 6 that one company should furnish all your casualty insurance. One company cannot take the "cream" and expect others to take the "skimmed milk".

b. Insurance Ordered by REA for the Borrower

If you wish REA to order your insurance under arrangements described in Paragraph 7, no other action on your part will be necessary except completing and signing Form No. FI-113 attached and indicating whether you prefer insurance in a stock or mutual insurance company.

REA will transmit your order to the insurance group of your selection and its manager placed in Washington largely to serve REA borrowers will select a member company in position to issue approved policies and give you good service. The insurance company selected will upon such notice cover your risks and send you and the REA at once binders or policies which evidence the coverage.

4. Do Not Order Any Insurance Locally Until Approval of Your Proposed Arrangement as Described in Form No. FI-112 is procured from REA.

REA does not select insurance companies, agents or brokers, but reserves the right of approval or disapproval, so that it may assist borrowers to obtain favorable policy provisions, adequate insurance at reasonable rates, equitable settlement of losses, satisfactory medical service and other favorable and unusual arrangements justified by the aggregate business of borrowers. The insurance program approved will be that which provides the most advantageous and economical insurance obtainable in the particular project.

STOCK AND MUTUAL COMPANIES

There are two principal types of insurance companies--stock and mutual. Both types of companies operate throughout the country and probably you will be able to obtain satisfactory service from either type of company in your locality. REA approves insurance written by companies of either type insofar as the individual companies comply with certain minimum requirements. Your decision as to the type of company from which you desire to obtain insurance should be determined only after you have made a careful appraisal of the relative merits of each as they apply to your own particular situation.

5. Types and Limits of Insurance During the Preallotment Period.

The following types of insurance are required to protect your association during its formative period and those persons engaged in its development.

A. Casualty Insurance

(If this insurance is to be furnished locally, please read paragraph 6 below as to the purchase of all casualty insurance from the same insurance company.)

1. Workmen's Compensation in Statutory Limits (Including Occupational Disease)

(Employers' Liability Insurance shall replace Workmen's Compensation in Arkansas and Mississippi.)

2. Public Liability Insurance (Manufacturers' and Contractors')

(On this item a 50% reduction in the Special Minimum Premiums is available to REA borrowers.)

- a. For Bodily Injury, limits \$25/50,000.
- b. For Property Damage, limits \$10,000 with aggregate limit of \$25,000.

3. Employers' Non-Ownership Automobile Liability Insurance

Blanket Coverage on Class I persons and Class II employees.

- a. For Bodily Injury, limits \$25/50,000.
- b. For Property Damage, limits \$5,000.

4. Owned Automobiles or Trucks

If any, same limits as 3, above.

B. Fidelity Bond

(Standard form of Position Fidelity Schedule Bond for Borrowing Corporations of REA, rate \$2.50 or \$1.25 per \$1,000 as described in Towner Rating Bureau, Inc., Bulletin #6921 dated Dec. 2, 1938)

1. Positions

Bond positions below in the specified amounts if the persons occupying the positions have custody of funds or convertible property:

Check Signer) Maximum amount likely to
Check Countersigner) be on hand at any one time.
Project Survey Coordinator, \$1,000.

The following types of insurance are required to protect your association during the term of the period and those persons engaged in the association.

A. Casualty Insurance

The following insurance is to be provided locally, where not provided, to the extent of the purchase of all casualty insurance for the term of the period.

1. Automobile Insurance for Secretary, Treasurer, and Directors

(Employees' liability insurance shall replace Workers' Compensation in Kentucky and Mississippi.)

2. Public Liability Insurance (Contractors, and Contractors)
(For this term a \$50,000 limit in the general liability insurance is available to the contractors.)

a. For Bodily Injury, limit \$25,000.
b. For Property Damage, limit \$10,000 with aggregate limit of \$35,000.

3. Employees' Non-Contractual Liability Insurance

Minimum coverage on Class I persons and Class II employees.

a. For Bodily Injury, limit \$25,000.
b. For Property Damage, limit \$10,000.

4. General Automobile or Truck

If any, same limit as 3. above.

5. Fidelity Bond

Standard form of Fidelity Bond for Secretary, Treasurer, and Directors of \$25,000 or \$10,000 as determined in the contract between the association and the bond company.

6. Fidelity

Bond must be provided in the specified amount if the person occupying the position has custody of funds or movable property.

(Maximum amount likely to be required) \$1,000.
(Maximum amount likely to be required) \$1,000.

6. Why it is desirable to Buy All Casualty Insurance from One Insurance Company

Common sense suggests that all casualty insurance be provided by one insurer. REA strongly recommends this practice (except in states where compensation insurance is procured through a State Fund or unless you have stronger reasons for wishing to separate coverage). The settlement of claims is frequently delayed so greatly by technical arguments between different insurance companies that REA will require all of these coverages to be placed with one insurance company unless you wish otherwise and can demonstrate that material benefit of some nature accrues from other procedure. Other insurance required by REA after loan funds are delivered will provide some opportunity for such distribution of insurance as you think desirable. UNLESS UNUSUAL CONDITIONS EXIST REA WILL NOT APPROVE INSURANCE COMPANIES WHICH REFUSE TO CARRY INSURANCE AFTER ENERGIZATION, OR COMPANIES WHICH WILL SELL BORROWERS ONLY ONE TYPE OF CASUALTY INSURANCE.

7. Special Insurance Arrangements for Prospective REA Borrowers.

A. Immediate Coverage

In behalf of prospective borrowers, REA has made arrangements with the National Bureau of Casualty and Surety Underwriters (stock companies) and the Mutual Casualty Association (mutual companies) whereby member companies of these insurance groups will, when the borrower does not desire or is unable to procure the required insurance coverage locally, furnish immediately after incorporation all of the preliminary insurance coverage required by REA. It is probably that other companies you may wish to consider, or their local representatives, will offer the same procedure.

B. Special 90-Day Binders

The member companies of both groups have agreed to issue binders or policies under these arrangements. If binders are issued, they will be replaced by policies within 90 days if your application for a loan is approved. In order to simplify their procedure some companies may prefer to omit binders and issue policies immediately. These policies will provide the required coverages, without any change (except inclusion of additional risks such as owned automobiles and trucks), for one year, during construction and operation as well as during the pre-allotment period. As noted below in paragraph D, no immediate payment is required.

C. Filing Requirements

When insurance coverage is purchased locally, you must arrange to have a duplicate original of each policy forwarded to REA. If REA places the insurance the insuring company will forward original policies to you and duplicate original policies to REA.

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D. No Immediate Payment Required

No immediate payment will be required as the companies have agreed to extend ninety-day credit to prospective REA borrowers. It is anticipated that most approved borrowers will receive loan funds within ninety days after incorporation, and that this insurance will be paid for out of construction loan funds.

If the receipt of loan proceeds is delayed the payment required within ninety days should be paid from the membership fund and reimbursement requested in the first requisition for funds.

E. Method and Approximate Amount of Payment

The payment due within ninety days on all insurance now required varies in different states and will average about \$200. On certain projects the payment will be considerably more. However, in the normal case, no further payment on this insurance will be required until one year from the date insurance went into effect. At that time an audit based upon actual conditions will be made by the insurance company. In many cases this audit, based upon actual payrolls and risks, will result in a credit.

8. Insurance After Allotment

If your allotment is made we will send you information concerning other insurance which will then be required.

9. Importance of Forwarding Form FI-112 or FI-113 promptly

Unless one of these forms is sent promptly, approval of your allotment may be delayed. The Insurance Arrangements you select, or the agent or company which sells the insurance, can in no way affect your application for a loan or the allotment of funds. However, failure to provide for insurance coverage will delay allotment and your receipt of loan funds. We, therefore, urge that you send us Form FI-112 or Form FI-113 with your incorporation papers.

10. Accident Prevention

Cooperation with your insurance companies and the REA in accident prevention measures is imperative if insurance costs are to be held below levels which might jeopardize the success of your project. REPORT ALL ACCIDENTS OR CLAIMS IMMEDIATELY TO YOUR INSURANCE COMPANY WITH COPIES OF ALL REPORTS TO REA. PLEASE WIRE REA IMMEDIATELY IF ACCIDENT IS SERIOUS.

11. Insurance Correspondence

All inquiries pertaining to insurance should be addressed to the Director of the Finance Division, as he will have valuable suggestions as to reduced rates and favorable policy revisions available when change or additional insurance is desirable.

RURAL
ELECTRIFICATION
ADMINISTRATIONBORROWERS REQUEST
FOR APPROVAL OF
PROPOSED PRE-ALLOTMENT INSURANCE

PROJECT DESIGNATION:

DATE: _____

GENERAL INSTRUCTIONS:

- A. IF YOU WISH TO ORDER INSURANCE LOCALLY SEND ORIGINAL AND 1 COPY OF THIS FORM TO REA WITH INCORPORATION PAPERS.
- B. DO NOT ORDER ANY INSURANCE UNTIL REA APPROVES YOUR INSURANCE PROGRAM.
- C. IF YOU ORDER INSURANCE LOCALLY, INSURANCE COMPANIES OR REPRESENTATIVES YOU SELECT SHOULD READ THE INSURANCE INSTRUCTIONS (FORM FI-114) CAREFULLY SO THAT BINDERS OR POLICIES WILL BE PROPERLY PREPARED TO INCLUDE THE FAVORABLE ARRANGEMENTS AND REDUCED RATES AVAILABLE TO BORROWERS.
- D. THE INSURANCE ARRANGEMENTS INCLUDE THE SELECTION OF INSURANCE COMPANIES OR REPRESENTATIVES, WHICH SHOULD BE CONFIRMED BY RESOLUTION OF THE BOARD OF DIRECTORS OF THE CORPORATION (NOT THE SPONSORS) BEFORE THIS FORM IS EXECUTED.

CERTIFICATION BY SECRETARY

I HEREBY CERTIFY THAT THE BOARD OF DIRECTORS OF THE CORPORATION NAMED BELOW PROPERLY ADOPTED A RESOLUTION WHICH REQUESTS APPROVAL OF THE INSURANCE ARRANGEMENTS DESCRIBED BELOW WHICH WILL BE IN ACCORDANCE WITH REQUIRED INSURANCE AS FURTHER DESCRIBED IN FORM FI-114.

NAME OF CORPORATION _____

DATE: _____

By: _____

SECRETARY

INFORMATION REQUESTED BY REA IS AS FOLLOWS: (APPROXIMATE ESTIMATES WILL BE SUFFICIENT)

THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " " STATE(S) " _____

		BOND PREMIUM	
MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER	\$ _____	\$ _____	
" " " " " " " CHECK COUNTERSIGNER (IF ANY)	\$ _____	\$ _____	
" " " " " " " COORDINATOR	\$ _____	\$ _____	
" " " " " " " OTHER POSITIONS (DESCRIBE)	\$ _____	\$ _____	

NAMES OF PERSONS USING AUTOMOBILES ON PROJECT BUSINESS (IF KNOWN) _____

DESCRIBE OWNED AUTOMOBILES (IF ANY):

NAME MAKE	MODEL	MOTOR NUMBER	SERIAL NUMBER

ESTIMATED APPROXIMATE MONTHLY PAYROLL BEFORE ENERGIZATION \$ _____

ESTIMATED APPROXIMATE MONTHLY PAYROLL AFTER ENERGIZATION \$ _____

(SEE INSURANCE INSTRUCTIONS FOR LIMITS, ETC.)		BASIS OF PREMIUM		RATES		EST. ANNUAL	EST.
TYPES OF INSURANCE	NAME OF COMPANY	EST. PAYROLL	INS. CODE CLASS	WC	OD	PREMIUMS	TOTALS
WORKMENS' COMPENSATION & EMPLOYERS' LIABILITY INS.		\$ _____	(8741)			\$ _____	
		\$ _____	(8810)			\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
MANUFACTURERS' & CONTRACTORS' LIABILITY		\$ _____	(2450)	BI	PD	\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
EMPLOYERS' NON-OWNERSHIP LIABILITY		I \$ _____				\$ _____	\$ _____
		II \$ _____				\$ _____	\$ _____
OWNED AUTOMOBILES INSURANCE (IF ANY)						BI \$ _____	
						PD \$ _____	
				F	T	FT \$ _____	\$ _____

TOTAL ESTIMATED GROSS COST, FIRST YEAR \$ _____

ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____

ESTIMATED MINIMUM PREMIUM PAYABLE WHEN LOAN FUNDS ARE RECEIVED \$ _____

INSURANCE REPRESENTATIVES CAN AID

FILL OUT THIS TABLE COMPLETELY

RURAL
ELECTRIFICATION
ADMINISTRATIONBORROWERS REQUEST
FOR APPROVAL OF
PROPOSED PRE-ALLOTMENT INSURANCE

PROJECT DESIGNATION:

DATE: _____

GENERAL INSTRUCTIONS:

- A. IF YOU WISH TO ORDER INSURANCE LOCALLY SEND ORIGINAL AND 1 COPY OF THIS FORM TO REA WITH INCORPORATION PAPERS.
- B. DO NOT ORDER ANY INSURANCE UNTIL REA APPROVES YOUR INSURANCE PROGRAM.
- C. IF YOU ORDER INSURANCE LOCALLY, INSURANCE COMPANIES OR REPRESENTATIVES YOU SELECT SHOULD READ THE INSURANCE INSTRUCTIONS (FORM FI-114) CAREFULLY SO THAT BINDERS OR POLICIES WILL BE PROPERLY PREPARED TO INCLUDE THE FAVORABLE ARRANGEMENTS AND REDUCED RATES AVAILABLE TO BORROWERS.
- D. THE INSURANCE ARRANGEMENTS INCLUDE THE SELECTION OF INSURANCE COMPANIES OR REPRESENTATIVES, WHICH SHOULD BE CONFIRMED BY RESOLUTION OF THE BOARD OF DIRECTORS OF THE CORPORATION (NOT THE SPONSORS) BEFORE THIS FORM IS EXECUTED.

CERTIFICATION BY SECRETARY

I HEREBY CERTIFY THAT THE BOARD OF DIRECTORS OF THE CORPORATION NAMED BELOW PROPERLY ADOPTED A RESOLUTION WHICH REQUESTS APPROVAL OF THE INSURANCE ARRANGEMENTS DESCRIBED BELOW WHICH WILL BE IN ACCORDANCE WITH REQUIRED INSURANCE AS FURTHER DESCRIBED IN FORM FI-114.

NAME OF CORPORATION _____

DATE: _____

By: _____

SECRETARY

INFORMATION REQUESTED BY REA IS AS FOLLOWS: (APPROXIMATE ESTIMATES WILL BE SUFFICIENT)

THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " STATE(S) " _____

							BOND PREMIUM	
MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER	\$	_____	\$	_____				
" " " " " " CHECK COUNTERSIGNER (IF ANY)	\$	_____	\$	_____				
" " " " " " COORDINATOR	\$	_____	\$	_____				
" " " " " " OTHER POSITIONS (DESCRIBE)	\$	_____	\$	_____				

NAMES OF PERSONS USING AUTOMOBILES ON PROJECT BUSINESS (IF KNOWN) _____

DESCRIBE OWNED AUTOMOBILES (IF ANY):

NAME MAKE	MODEL	MOTOR NUMBER	SERIAL NUMBER

ESTIMATED APPROXIMATE MONTHLY PAYROLL BEFORE ENERGIZATION \$ _____

ESTIMATED APPROXIMATE MONTHLY PAYROLL AFTER ENERGIZATION \$ _____

(SEE INSURANCE INSTRUCTIONS FOR LIMITS, ETC.)		BASIS OF PREMIUM		RATES		EST. ANNUAL	EST.
TYPES OF INSURANCE	NAME OF COMPANY	EST. PAYROLL	INS. CODE CLASS	WC	OD	PREMIUMS	TOTALS
WORKMENS' COMPENSATION & EMPLOYERS' LIABILITY INS.		\$ _____	(8741)			\$ _____	
		\$ _____	(8810)			\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
MANUFACTURERS' & CONTRACTORS' LIABILITY		\$ _____	(2450)	BI	PD	\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
EMPLOYERS' NON-OWNERSHIP LIABILITY		I \$ _____				\$ _____	\$ _____
		II \$ _____				\$ _____	\$ _____
OWNED AUTOMOBILES INSURANCE (IF ANY)						BI \$ _____	
						PD \$ _____	
				F	T	FT \$ _____	\$ _____

TOTAL ESTIMATED GROSS COST, FIRST YEAR \$ _____

ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____

ESTIMATED MINIMUM PREMIUM PAYABLE WHEN LOAN FUNDS ARE RECEIVED \$ _____

INSURER REPRESENTATIVES CAN AID

FILL OUT THIS TABLE COMPLETELY

RURAL
ELECTRIFICATION
ADMINISTRATIONBORROWERS REQUEST
FOR APPROVAL OF
PROPOSED PRE-ALLOTMENT INSURANCE

PROJECT DESIGNATION:

DATE: _____

GENERAL INSTRUCTIONS:

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- B. DO NOT ORDER ANY INSURANCE UNTIL REA APPROVES YOUR INSURANCE PROGRAM.
- C. IF YOU ORDER INSURANCE LOCALLY, INSURANCE COMPANIES OR REPRESENTATIVES YOU SELECT SHOULD READ THE INSURANCE INSTRUCTIONS (FORM FI-114) CAREFULLY SO THAT BINDERS OR POLICIES WILL BE PROPERLY PREPARED TO INCLUDE THE FAVORABLE ARRANGEMENTS AND REDUCED RATES AVAILABLE TO BORROWERS.
- D. THE INSURANCE ARRANGEMENTS INCLUDE THE SELECTION OF INSURANCE COMPANIES OR REPRESENTATIVES, WHICH SHOULD BE CONFIRMED BY RESOLUTION OF THE BOARD OF DIRECTORS OF THE CORPORATION (NOT THE SPONSORS) BEFORE THIS FORM IS EXECUTED.

CERTIFICATION BY SECRETARY

I HEREBY CERTIFY THAT THE BOARD OF DIRECTORS OF THE CORPORATION NAMED BELOW PROPERLY ADOPTED A RESOLUTION WHICH REQUESTS APPROVAL OF THE INSURANCE ARRANGEMENTS DESCRIBED BELOW WHICH WILL BE IN ACCORDANCE WITH REQUIRED INSURANCE AS FURTHER DESCRIBED IN FORM FI-114.

NAME OF CORPORATION _____

DATE: _____

By: _____

SECRETARY

INFORMATION REQUESTED BY REA IS AS FOLLOWS: (APPROXIMATE ESTIMATES WILL BE SUFFICIENT)

THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " " STATE(S) " _____

		BOND PREMIUM	
MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER	\$ _____	\$ _____	
" " " " " " " CHECK COUNTERSIGNER (IF ANY)	\$ _____	\$ _____	
" " " " " " " COORDINATOR	\$ _____	\$ _____	
" " " " " " " OTHER POSITIONS (DESCRIBE)	\$ _____	\$ _____	

NAMES OF PERSONS USING AUTOMOBILES ON PROJECT BUSINESS (IF KNOWN) _____

DESCRIBE OWNED AUTOMOBILES (IF ANY):

NAME MAKE	MODEL	MOTOR NUMBER	SERIAL NUMBER

ESTIMATED APPROXIMATE MONTHLY PAYROLL BEFORE ENERGIZATION \$ _____

ESTIMATED APPROXIMATE MONTHLY PAYROLL AFTER ENERGIZATION \$ _____

(SEE INSURANCE INSTRUCTIONS FOR LIMITS, ETC.)		BASIS OF PREMIUM		RATES		EST. ANNUAL	EST.
TYPES OF INSURANCE	NAME OF COMPANY	EST. PAYROLL	INS. CODE CLASS	WC	OD	PREMIUMS	TOTALS
WORKMENS' COMPENSATION & EMPLOYERS' LIABILITY INS.		\$ _____	(8741)			\$ _____	
		\$ _____	(8810)			\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
MANUFACTURERS' & CONTRACTORS' LIABILITY		\$ _____	(2450)	BI	PD	\$ _____	
		\$ _____	(7539)			\$ _____	\$ _____
EMPLOYERS' NON-OWNER-SHIP LIABILITY		I \$ _____				\$ _____	\$ _____
		II \$ _____				\$ _____	\$ _____
OWNED AUTOMOBILES INSURANCE (IF ANY)						BI \$ _____	
						PD \$ _____	
				F	T	FT \$ _____	\$ _____

TOTAL ESTIMATED GROSS COST, FIRST YEAR \$ _____

ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____

ESTIMATED MINIMUM PREMIUM PAYABLE WHEN LOAN FUNDS ARE RECEIVED \$ _____

INSURER'S REPRESENTATIVES CAN AID

FILL OUT THIS TABLE COMPLETELY

RURAL
ELECTRIFICATION
ADMINISTRATIONBORROWERS REQUEST
FOR
PRE-ALLOTMENT INSURANCEPROJECT DESIGNATION:

DATE: _____

GENERAL INSTRUCTIONS:

- A. IF YOU WISH REA TO PLACE YOUR ORDER WITH ONE OF THE INSURANCE ASSOCIATIONS MENTIONED IN THE INSURANCE INSTRUCTIONS (FORM FI-114), SEND THE ORIGINAL AND ONE COPY OF THIS FORM TO REA WITH INCORPORATION PAPERS SO THAT YOUR ASSOCIATION AND ITS MEMBERS MAY HAVE PROTECTION BEFORE RISKS ARE INCURRED. PLEASE FURNISH INFORMATION REQUESTED BELOW AND SIGN. NO OTHER ACTION IS REQUIRED AS REA AND THE INSURANCE GROUP YOU SELECT ARRANGE ALL DETAILS AND SEND YOU APPROVED BINDERS OR POLICIES.
- B. CONSULT "INSURANCE INSTRUCTIONS" (FORM FI-114) FOR ADVICE CONCERNING THE TWO METHODS OF PURCHASING INSURANCE (FORM FI-112 OR FORM FI-113).
- C. THE METHOD SELECTED SHOULD BE CONFIRMED BY RESOLUTION OF THE BOARD OF DIRECTORS OF THE CORPORATION (NOT THE SPONSORS) BEFORE THIS FORM IS EXECUTED.

CERTIFICATION BY SECRETARY

I HEREBY CERTIFY THAT THE BOARD OF DIRECTORS OF THE CORPORATION NAMED BELOW PROPERLY ADOPTED A RESOLUTION WHICH REQUESTS THAT REA ORDER REQUIRED INSURANCE FOR THE CORPORATION AS DESCRIBED IN FORM FI-114 FROM A _____ INSURANCE COMPANY.
(DESIGNATE MUTUAL OR STOCK)

NAME OF CORPORATION _____

DATE _____ By _____ SECRETARY

INFORMATION REQUESTED BY REA IS AS FOLLOWS: (APPROXIMATE ESTIMATES WILL BE SUFFICIENT)

MAIL POLICIES TO _____

THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " STATE(S) OF _____

MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER \$ _____ BOND PREMIUM

" " " " " " " CHECK COUNTERSIGNER (IF ANY) \$ _____

" " " " " " " COORDINATOR. \$ _____

" " " " " " " OTHER POSITIONS (DESCRIBE) . \$ _____

NAMES OF PERSONS USING AUTOMOBILES ON PROJECT BUSINESS (IF KNOWN) _____

DESCRIBE OWNED AUTOMOBILES (IF ANY):

NAME MAKE	MODEL	MOTOR NUMBER	SERIAL NUMBER

ESTIMATED APPROXIMATE MONTHLY PAYROLL BEFORE ENERGIZATION \$ _____

ESTIMATED APPROXIMATE MONTHLY PAYROLL AFTER ENERGIZATION \$ _____

(SEE INSURANCE INSTRUCTIONS FOR LIMITS, ETC.)		BASIS OF PREMIUM		RATES		EST. ANNUAL PREMIUMS	EST. TOTALS
TYPES OF INSURANCE	NAME OF COMPANY	EST. PAYROLL	INS. CODE CLASS.	WC	OD		
WORKMENS' COMPENSATION & EMPLOYERS' LIABILITY INS..		\$ _____	(8741)			\$ _____	\$ _____
		\$ _____	(8810)			\$ _____	
		\$ _____	(7539)			\$ _____	
MANUFACTURERS' & CONTRACTORS' LIABILITY		\$ _____	(2450)	BI	PD	\$ _____	\$ _____
		\$ _____	(7539)			\$ _____	
EMPLOYERS' NON-OWNER-SHIP LIABILITY		I \$ _____				\$ _____	\$ _____
		II \$ _____				\$ _____	
OWNED AUTOMOBILES INSURANCE (IF ANY)				F	T	BI \$ _____	\$ _____
						PD \$ _____	
						FT \$ _____	
TOTAL ESTIMATED GROSS COST, FIRST YEAR \$ _____ ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____ ESTIMATED MINIMUM PREMIUM PAYABLE WHEN LOAN FUNDS ARE RECEIVED \$ _____							

FOR REA USE ONLY

DO NOT FILL OUT

RURAL ELECTRIFICATION ADMINISTRATION	BORROWERS REQUEST FOR PRE-ALLOTMENT INSURANCE	PROJECT DESIGNATION: _____ DATE: _____
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GENERAL INSTRUCTIONS:

- A. IF YOU WISH REA TO PLACE YOUR ORDER WITH ONE OF THE INSURANCE ASSOCIATIONS MENTIONED IN THE INSURANCE INSTRUCTIONS (FORM FI-114), SEND THE ORIGINAL AND ONE COPY OF THIS FORM TO REA WITH INCORPORATION PAPERS SO THAT YOUR ASSOCIATION AND ITS MEMBERS MAY HAVE PROTECTION BEFORE RISKS ARE INCURRED. PLEASE FURNISH INFORMATION REQUESTED BELOW AND SIGN. NO OTHER ACTION IS REQUIRED AS REA AND THE INSURANCE GROUP YOU SELECT ARRANGE ALL DETAILS AND SEND YOU APPROVED BINDERS OR POLICIES.
- B. CONSULT "INSURANCE INSTRUCTIONS" (FORM FI-114) FOR ADVICE CONCERNING THE TWO METHODS OF PURCHASING INSURANCE (FORM FI-112 OR FORM FI-113).
- C. THE METHOD SELECTED SHOULD BE CONFIRMED BY RESOLUTION OF THE BOARD OF DIRECTORS OF THE CORPORATION (NOT THE SPONSORS) BEFORE THIS FORM IS EXECUTED.

CERTIFICATION BY SECRETARY

I HEREBY CERTIFY THAT THE BOARD OF DIRECTORS OF THE CORPORATION NAMED BELOW PROPERLY ADOPTED A RESOLUTION WHICH REQUESTS THAT REA ORDER REQUIRED INSURANCE FOR THE CORPORATION AS DESCRIBED IN FORM FI-114 FROM A _____ INSURANCE COMPANY.
(DESIGNATE MUTUAL OR STOCK)

NAME OF CORPORATION _____

DATE _____ By _____ SECRETARY

INFORMATION REQUESTED BY REA IS AS FOLLOWS: (APPROXIMATE ESTIMATES WILL BE SUFFICIENT)

MAIL POLICIES TO _____

THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " STATE(S) OF _____

	BOND	PREMIUM
MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER	\$	\$
" " " " " " " CHECK COUNTERSIGNER (IF ANY)	\$	\$
" " " " " " " COORDINATOR	\$	\$
" " " " " " " OTHER POSITIONS (DESCRIBE)	\$	\$

NAMES OF PERSONS USING AUTOMOBILES ON PROJECT BUSINESS (IF KNOWN) _____

DESCRIBE OWNED AUTOMOBILES (IF ANY):

NAME MAKE	MODEL	MOTOR NUMBER	SERIAL NUMBER

ESTIMATED APPROXIMATE MONTHLY PAYROLL BEFORE ENERGIZATION \$ _____

ESTIMATED APPROXIMATE MONTHLY PAYROLL AFTER ENERGIZATION \$ _____

(SEE INSURANCE INSTRUCTIONS FOR LIMITS, ETC.)		BASIS OF PREMIUM		RATES		EST. ANNUAL	EST.
TYPES OF INSURANCE	NAME OF COMPANY	EST. PAYROLL	INS. CODE CLASS.	WC	CD	PREMIUMS	TOTALS
WORKMENS' COMPENSATION & EMPLOYERS' LIABILITY INS..		\$ _____	(8741)			\$ _____	\$ _____
		\$ _____	(8810)			\$ _____	
		\$ _____	(7539)			\$ _____	
MANUFACTURERS' & CONTRACTORS' LIABILITY		\$ _____	(2450)	BI	PD	\$ _____	\$ _____
		\$ _____	(7539)			\$ _____	
EMPLOYEES' NON-OWNER SHIP LIABILITY		I \$ _____				\$ _____	\$ _____
		II \$ _____				\$ _____	
OWNED AUTOMOBILES INSURANCE (IF ANY)				F	T	BI \$ _____	\$ _____
						PD \$ _____	
				FT \$ _____			

TOTAL ESTIMATED GROSS COST, FIRST YEAR \$ _____

ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____

ESTIMATED MINIMUM PREMIUM PAYABLE WHEN LOAN FUNDS ARE RECEIVED \$ _____

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RURAL
ELECTRIFICATION
ADMINISTRATIONBORROWERS REQUEST
FOR
PRE-ALLOTMENT INSURANCEPROJECT DESIGNATION:

DATE: _____

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THE CORPORATION OPERATES IN THE COUNTIES OF _____

" " " " " STATE(S) OF _____

		BOND PREMIUM	
MAXIMUM AMOUNT OF FUNDS IN CUSTODY OF CHECK SIGNER	\$ _____	\$ _____	
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ESTIMATED MUTUAL COMPANY DIVIDEND, IF ANY. \$ _____

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